

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER
-62-013503DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 868

FILED MAR 26 1962

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Koch Mo

Length of stay in 1b

21 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ROBERT KOCH HOSP

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

c. CITY
OR TOWN

ST LOUIS

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

7719 1/2 IVORY AVE

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ROXY

MAY

HASSEL

4. DATE
OF DEATH

Month

Day

Year

MAR

13

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-27-84

9. AGE (last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

RESTAURANT

10b. KIND OF BUSINESS OR INDUSTRY

RETIRED

11. BIRTHPLACE (City and state or country)

GRANDON MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

MEREDITH HOLLAND

13b. MOTHER'S MAIDEN NAME

ELLA BORING

14. NAME OF HUSBAND OR WIFE

RUBY (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or (if yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

9 HOSPITAL RECORD - ROBT KOCH HOSP

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

GENERALIZED ARTERIOSCLEROSIS

INTERVAL BETWEEN
ONSET AND DEATH

?

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)URINARY TRACT INFECTION
PNEUMONITIS - ENCEPHALO MALACIA BY TEMP LOBEPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 20 1962 to March 13/62 and last saw her alive on 3/13/62
Death occurred at 2:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank Cohen MD

22b. ADDRESS

Robt Koch Hosp Koch Mo

22c. DATE SIGNED

3/13/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

Mar. 15, 1962

23c. NAME OF CEMETERY OR CREMATORY

Sunset Hill Cemetery

23d. LOCATION (City, town, or county)

Granite City, Illinois

24. FUNERAL DIRECTOR

Fendler Und. Co. 7420 Michigan Ave.

25. DATE RECD. BY LOCAL REG.

(11) 3-14-62

25. REGISTRAR'S SIGNATURE

J. B. Manly MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 10 J. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.